	Connecticut Children's Medical Center - Policy and Procedure Manual		
	Fiscal	Date Effective:	November 01, 2007
	Patient Financial Assistance	Date of Origin:	March 01, 2002
	Approved By: Finance Administration, Corporate Compliance Committee	Date Approved:	November 01, 2007

I.Purpose

It is the purpose of this policy to describe the financial assistance programs and services at Connecticut Children's Medical Center.

II.Policy

It is the policy of Connecticut Children's Medical Center (Connecticut Children's) that Connecticut Children's will provide services at reduced or no cost to uninsured patients and others who meet Connecticut Children's Patient Financial Assistance (PFA) eligibility requirements. An uninsured patient is defined as a patient or guarantor whose income is at or below 250% of the federal poverty income guidelines, was denied Medicaid or other government coverage and has no coverage from other sources.

Patient Financial Assistance is not available to uninsured foreign nationals who are not Connecticut residents, except with the approval of the Chief Financial Officer through programs such as "Heal the Children."

III.Criteria

A.Scope

- 1.Public notices and written summaries about Connecticut Children's financial assistance program shall be available to patients and their families in English and in Spanish, as required by the State of Connecticut Public Act 03-266, An Act Concerning Hospital Billing Practices.

IV.Procedure

A.Patient Financial Assistance application process:


- 1.In order to be eligible for PFA, the "Patient Financial Application" form must be completed and supporting documentation provided, as applicable. Spanish versions of the form shall be made available, and translators shall be available as needed for completing the forms in other languages. If necessary, a Financial Counselor may assist the patient guarantor in completing the form.

B.Patient guarantor responsibilities:

- 1.PFA shall be considered only if the patient guarantor has exhausted all other avenues for obtaining funds for payment. Documentation supporting denials for Medicaid coverage, or proof of non-eligibility for Medicaid shall be required.
- 2.Re-application must be made for each date of service or once every 6 months, whichever is greater.

C.Connecticut Children's responsibilities:

- 1.Financial Counselors shall review the PFA application and supporting documentation, as applicable. Patient account information shall be updated to

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reflect that the patient account(s) are “pending” the PFA decision, so routine collection procedures are not initiated. The Financial Counselor processes the application using the Connecticut Children's PFA Determination methodology. If the patient account qualifies for PFA, the application package shall be forwarded to the Healthcare Access Manager for review and approval. If approved:

- a)The Financial Counselor sends a PFA award letter to the patient guarantor.
 - b)A copy of the Patient Financial Assistance Worksheet is forwarded to Patient Accounts, so they can “write off” the specific amount awarded from the appropriate account(s).
- 2.If the patient account does not qualify for PFA, the following occurs:
- a)The Financial Counselor sends a PFA denial letter to the patient guarantor.
 - b)A copy of the Patient Financial Assistance Worksheet is forwarded to Patient Accounts and routine collection procedures proceed.
- 3.If a patient requests financial assistance after the account has been sent to a collection agency, a PFA application shall be sent to the patient and the account withdrawn from the agency.

V.References

VI.Related Documents

Credits & Collections

PFA Application → g:\CCMCDOC\forms\PFA\PFA Application.doc

PFA Determination Worksheet → g:\CCMCDOC\forms\PFA\PFA Determination Worksheet.doc

PFA Award Letter → g:\CCMCDOC\forms\PFA\PFA Award Letter.doc

PFA Denial Letter → g:\CCMCDOC\forms\PFA\PFA Denial Letter.doc